Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

DEC : 6 1991

RECEIVED Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fa New Marion 87504 2088

O. C. D. ARTESIA OFFICE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1	3	anta re	, New 1	Mexico 875	504-2088				
I.	REC	UEST F	OR A	LLOWA	BLE AND	AUTHOR	IZATION	l		
Operator		10 IR/	ANSP	ORT O	L AND NA	ATURAL G		API No.		
Nearburg Producing Company / Address						30-015-267				
P. O. Box 823085, Da	llas,	Texas 7	5382-	3085						
Reason(s) for Filing (Check proper box) New Well					O.	her (Please expl	lain)		· 	
Recompletion	Oil	Change in	Dry Ga							
Change in Operator	Casinghe	ead Gas 🔲	Conden							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL Lease Name	AND LE		· · · · · · · · · · · · · · · · · · ·							
Well 140. Fool Name, Inch								of Lease Lease No.		
Location						Toump	IVVV	VXXXXX		
Unit Letter	: <u>_</u>	660	Feet Fro	om The	West Lie	e and $2,50$	00 F	eet From The	Nort	hLine
Section 15 Townsh	ip 22S		Range	27E	, N	МРМ,	Ε	ddy		County
III. DESIGNATION OF TRAN	SPORT	ER OF O	L ANI	NATU	RAL GAS					
or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Compa Name of Authorized Transporter of Casin	Zan CTOR	P. O. Box 3237 Abilene, Tx 79604								
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy 600 E. Carpenter Frwy. Ste. 20				orm is to be se	ent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 22S	Rge. 27E	Is gas actuall	y connected?	When	17		75062-3990
If this production is commingled with that	_				ling order num	Yes er:	Nove	ember 27,	1991	·
IV. COMPLETION DATA		Oil Well						·		
Designate Type of Completion		_i	İ	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth	<u> </u>		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations										
								Depth Casing	Shoe	
TUBING, CASING AND HOLE SIZE CASING & TURING SIZE)			
11022 0122	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
										
		-								
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	and must b	e equal to or e	xceed top allow	able for this	depth or be for	r full 24 hour:	s.)			
	Date of Test				Producing Met	hod (Flow, pum	p, gas lift, et	c.)		
length of Test	Tubing Pressure				Casing Pressur	;		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL										
	Length of Te	tae tae		·	00. 01				_	
					Bbls. Condensate/MMCF			Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	TE OF	COMPI :	Ι Δ ΝΙ <i>Ο</i>	<u>-</u>		····				
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					0	IL CONS	SERVA	TION D	1VISIO1	V
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
1 1 11/	2 1				Date A	Approved		EC 181	991	-
Gersoly Whiteaker					D CONTROLLY					
Carolyn Whiteaker, Production Secretary					By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name Title					TitleSUPERVISOR, DISTRICT if					
December 10, 1991 214/739-1778					Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.